



MARCH BREAK CAMP 2018

Camper's Name Date of Birth d..... / m..... /y Sex

Address

(Postal Code) E-mail Address

Telephone (Residence) (cell) (Other)

- | | | | |
|--------------------------|-----------------------------------|--------------------|----------------|
| <input type="checkbox"/> | Monday, March 12 th | 12:30 pm – 5:00 pm | \$175.00 + HST |
| <input type="checkbox"/> | Tuesday, March 13 th | 12:30 pm – 5:00 pm | \$175.00 + HST |
| <input type="checkbox"/> | Wednesday, March 14 th | 12:30 pm – 5:00 pm | \$175.00 + HST |
| <input type="checkbox"/> | Thursday, March 15 th | 12:30 pm – 5:00 pm | \$175.00 + HST |
| <input type="checkbox"/> | Friday, March 16 th | 12:30 pm – 5:00 pm | \$175.00 + HST |

**** NOTE:** Each registration form must be accompanied by a deposit of 50% of the total camp fees owing, with the balance due before the camp session starts. Payment can also be made by Debit Card in the office. Rates shown are discounted for Cheque and Debit payments. For credit card payments, please add an additional 3.5%.

CONDITIONS

1	All campers must be a minimum of eight years of age. (Camp is geared to riders between the ages of eight and 15 years.) Campers must be no lighter than 30 kilograms (65lbs).
2	It is inevitable that every rider will sustain a fall. Therefore, if a camper has any condition which could be aggravated by a fall, you must consult your physician before commencing any equestrian activities.
3	All campers must supply themselves with an ASTM approved riding helmet, a protective riding vest, long pants, and flat soled boots with a low heel. (vest and helmets can be rented for \$5/day each)
4	All cancellations will result in a forfeiture of your deposit. Cancellation must be made at least 15 days prior to the selected session after which all fees will apply and be forfeited. _____ Initial
5	Sessions selected are a personal reservation, therefore no days missed may be made up, transferred or refunded.
6	The Riding Academy reserves the right to terminate a camper's stay at its sole discretion. Any such cancellation will result in a full refund of the balance remaining in the session.
7	I consent to receive emails from The Riding Academy regarding subjects including, but not limited to: schooling shows, clinics and camps, road closures/diversions, and parking. I understand that I can opt out of receiving such emails, by sending an email to: horsepalace@bellnet.ca with the subject "unsubscribe". Emails will not be sold, distributed, or used for any other purpose than to contact clients of The Riding Academy _____ Initial
8	The accompanying WAIVER OF LIABILITY and PICK-UP AUTHORIZATION FORM must be completed and signed by a parent or legal guardian.

EMERGENCY INFORMATION

Person to be contacted in an emergency..... (Relationship to camper).....

Telephone (Residence) (Business) (Other)



MARCH BREAK CAMP 2018

INFORMATION SHEET

How did you hear about The Riding Academy?

.....

What type of previous riding experience? English Western Lessons Pleasure

When was the last time you were on a horse?

Any allergies, perceptual, or physical difficulties that would affect riding?

Is the camper on any medication that we should be aware of?

Signature of Parent/Guardian

.....

P.O. Box 9, 1-15 Nova Scotia Avenue, Toronto, Ontario M8K 3C3 416-599-4044 / horsepalace@bellnet.ca



MARCH BREAK CAMP 2018

CHILD

RELEASE AND WAIVER OF LIABILITY

I REQUEST permission for my child ,
to participate in horseback riding and other activities at The Riding Academy at The Horse Palace.

I FULLY UNDERSTAND AND ACKNOWLEDGE that there are inherent risks, dangers and hazards associated with horseback riding, handling and grooming of horses and other stable activities.

I ASSUME AND ACCEPT all risk of injury or loss to my child or damage to my property.

AS A CONDITION for my child being permitted to participate in these activities, for my child, myself, my child’s heirs, guardians, and legal representatives, I agree not to bring any claim, and waive, release and discharge Sunnybrook Stables Limited, including their operators, its directors, officers, employees, agents, representatives or anyone acting on their behalf, or guests, including any land owner, land holders or other persons making property available to Sunnybrook Stables Limited, for any and all claims or liability for injury or loss to my child, or any damage to my property or loss of any kind whatsoever arising out of my child’s participation in the activities at Sunnybrook Stables Limited.

I ACKNOWLEDGE reading the above Release and Waiver of Liability, which **I UNDERSTAND**.

I FURTHER ACKNOWLEDGE receiving a copy or having access to this Release and Waiver of Liability.

Signature of Parent / Legal Guardian

Name of Parent / Legal Guardian (*Printed*)

Child’s Name

Dated